**Home Workstation Self Assessment Safety Checklist**

This checklist is designed to help assess the safety of the home workstation. Employees are expected to designate an adequate workstation in the home. To ensure employees are working in a safe and healthy dedicated workstation, the following checklist must be completed by the employee prior to the start date annually and/or when conditions in the home change.

 **\*Assessment is of the workstation only and is not reflective of the safety of the home in its entirety\***

**Employee Supervisor**

**Home Workstation Address**

**Description of Work**

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| **Emergency Procedure** |
| What steps would you follow in case of an emergency? (i.e. prepare evacuation plan, establish procedure for periodic contact, telephone or other communication devices are readily available, etc.)   |

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| **Workstation Conditions**\*Note that the workstation is the immediate vicinity of the desk or computer station | **Satisfactory** | **Not Satisfactory** | **Action Required** |
| Walking surfaces in dedicated workspace is free of tripping/slipping/falling hazards. Dedicated workspace is tidy and free of clutter. Receptacle plates and power cords are in good condition. Power bars are plugged directly into wall.Electrical Safety Brochure available at <https://hr.mcmaster.ca/app/uploads/2019/01/Electrical-Safety-Brochure.pdf> |   □ □ □  □ □ | □ □ □   □ □  |  |

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| **Fire Safety (Recommended)** | **Satisfactory** | **Not Satisfactory** | **Action Required** |
| Functioning smoke detectors tested regularly (monthly) and within a reasonable proximity to your workstation.Functioning carbon monoxide detector tested regularly (monthly).Functioning fire extinguisher.  | □□□ | □  □□ |  |

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| **Ergonomics** | **Satisfactory** | **Not Satisfactory** | **Action Required** |
| Office Workstation Ergonomics Self Assessment Checklist completed prior to beginning work. Checklist available at [Ergonomic Self Assessment Checklist fillable.pdf](https://mcmasteru365.sharepoint.com/%3Ab%3A/r/sites/UHS/Shared%20Documents/Ergonomics/Ergonomic%20Self%20Assessment%20Checklist%20fillable.pdf?csf=1&web=1&e=CwjDYh) | □ |   □ |  |
| **Personal Safety** | **Satisfactory** | **Not Satisfactory** | **Action Required** |
| Risk of violence and harassment, including domestic violence, is identified to the employer. (Employer must take reasonable steps to manage risk).Incidents of violence and harassment will be reported as soon as possible. Additional information available at <https://hr.mcmaster.ca/employees/health_safety_well-being/our-safety/occupational-safety/> | □□ | □ □ |  |

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| **Other Hazards** | **Satisfactory** | **Not Satisfactory** | **Action Required** |
| No additional known hazards present in dedicated workspace.  |   □ |   □ |  |

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| **Additional Employee’s Comments** |
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Signature of Employee Date

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| **Supervisor’s Comments** |
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Signature of Supervisor Date

A copy of the Home Workstation Self Assessment Safety Checklist, once completed and signed, should be retained by the supervisor with the Working from Home Arrangement (you should **not** mail the completed checklist, or a copy, to UHS or FHSSO).

It may be necessary to provide photos of your workstation to your supervisor.

If you have questions regarding the Home Workstation Self Assessment Safety Checklist, please contact UHS at eohss@mcmaster.ca or FHSSO at fhsso@mcmaster.ca